

Support HB2595

Health insurance plans continue to deny critical treatment, even as Illinoisans face elevated levels of mental health and addiction challenges due to COVID-19, racial inequity, and general social/economic turmoil.



53% of adults report that the COVID-19 pandemic negatively impacts their mental health
([Kaiser Family Foundation](#))



81,000 Americans died of drug overdoses between June 2019 and June 2020, including a **29.1%** increase in Illinois ([CDC](#))



65% increase in suicides amongst Black residents in Cook County in 2020
([Cook County Government](#))



90% of people with a substance use disorder and **55%** of adults with mental illness do not receive treatment
([NSDUH 2020](#))

THE PROBLEM: The cost of mental health care should not be your life savings. Yet, large inequities still exist in how health plans cover mental health care.¹ Many insurers use outdated and discriminatory guidelines to avoid paying for the mental health care and addiction treatment services you are granted under existing federal law.

- A recent federal court decision showed how insurers often use flawed criteria/guidelines that are inconsistent with generally accepted standards of care, which are best practices agreed upon by clinical experts.²
- Insurers effectively use these flawed criteria/guidelines as proprietary, “black box” systems to ration or deny coverage for mental health and addiction services.
- While Illinois requires the use of nonprofit clinical criteria for substance use disorder medical necessity determinations (the “ASAM Criteria”), it has yet to implement this requirement for mental health disorders.

THE SOLUTION: In short, you should not be denied mental health care coverage no more than you should be denied coverage for cancer treatment. HB2595 amends the Illinois Insurance Code to ensure that all Medicaid MCOs and commercial insurer medical necessity determinations concerning mental health and substance use disorders are fully consistent with generally accepted standards of care.

- **Establishes a clear definition and standards** for when services and treatment qualify as medically necessary.
- **Requires insurers to rely on the transparent, publicly available guidelines published by nonprofit clinical societies** for mental health disorder medical necessity determinations, as Illinois already requires for substance use disorders.
- **Requires insurers to cover all medically necessary mental health and substance use disorder care** and explicitly prohibits insurers from limiting benefits to short-term, acute care or from excluding certain levels of care (e.g., residential treatment).
- **Encourages compliance** with Illinois’ parity law by making sure illegal practices are appropriately penalized.

Updating Illinois law with clear and commonsense definitions and standards of mental health care, will save lives, reduce homelessness, and decrease costs to the state, communities, and taxpayers.
It’s mental health care everyone can agree on.

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¹ Mele, Steve, et al. *Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement*. Milliman, 2019.

² *Wit v. United Behavioral Health*, 2019 WL 1033730 (N.D.CA Mar. 5, 2019); See National Council for Behavioral Health: <https://www.thenationalcouncil.org/standards-of-care/>

health is health
 mental health care
 everyone can agree on



inseparable



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Health is Health, is a coalition campaign to win better mental health care in Illinois.

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